

Application Data Sheet**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	AN AUTOMATIC DEVICE FOR RETRANSMISSION OF INFORMATION
Attorney Docket Number::	0512-1257
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	1
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: STEPHANE  
Middle Name::  
Family Name:: ROUCHY  
Name Suffix::  
City of Residence:: SAINT-ARMEL  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 3, RUE DE RENNES  
Address::  
City of Mailing Address:: SAINT-ARMEL  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 35230

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: SERGE  
Middle Name::  
Family Name:: LE POTIER  
Name Suffix::  
City of Residence:: RENNES  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 62, RUE LA FONTAINE  
Address::  
City of Mailing Address:: RENNES

State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 35700

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: LUC  
Middle Name::  
Family Name:: VACQUIE  
Name Suffix::  
City of Residence:: ST JEAN L'HERM  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: BEL AIR  
City of Mailing Address:: ST JEAN L'HERM  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 31380

**Correspondence Information**

Correspondence Customer Number:: 00466

**Representative Information**

Representative Customer Number::	00466
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**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR03/02290	7/22/02

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	02 09289	7/18/03	Yes

**Assignment Information**

Assignee Name:: FRANCE TELECOM  
Street of Mailing 6, PLACE D'ALLERAY  
Address::  
City of Mailing Address:: PARIS  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 75015